

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS	AMENDMENT					
	1st	2nd	3rd	4th	5th	6th
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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CLAIMS	AMENDMENT					
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SERIAL NO.	FLILING DATE	MULITIPLE DEPENDENT CLAIM	
APPLICANTS		FEE CALCULATION SHEET	
FOR USE WITH FORM PTO-675			
398086/16			